County: Waupaca LAKEVIEW MANOR E5406 COUNTY TRK AA WEYAUWEGA 54 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled No No Average Daily Census: **55** ******************************

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	0) %				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	13. 7
Supp. Home Care-Personal Care	No					1 - 4 Years	43. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.8	More Than 4 Years	43. 1
Day Servi ces	Yes	Mental Illness (Org./Psy)	62 . 7	65 - 74	25. 5		
Respite Care	No	Mental Illness (Other)	37. 3	75 - 84	37. 3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	27. 5	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	2. 0	Full-Time Equival	ent
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100	
Home Delivered Meals	No	Fractures	0. 0		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	92. 2		
Transportation	No	Cerebrovascul ar	0. 0			RNs	13. 7
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	9. 3
Other Services	No	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programming for	İ	Other Medical Conditions	0.0	Male	39. 2	Aides & Orderlies	47. 3
Mentally Ill	Yes			Female	60. 8		
Provi de Day Programming for			100. 0				
Developmentally Disabled ************************************	No				100. 0		

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			0ther			Private Pay			Manageo	d Care	Percent		
			Per Die	m		Per Die	m		Per Dier	n		Per Dien			Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0.0	\$0.00	45	97.8	\$98. 57	0	0.0	\$0.00	5	100.0	\$127.82	0	0.0	\$0.00	50	98. 0%
Intermedi ate				1	2. 2	\$81. 28	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	2.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0. 0		46 1	100.0		0	0.0		5	100.0		0	0.0		51	100.0%

Facility ID: 5090 Page 2

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti o	ns, Services	s, and Activities as of	12/31/00
beachs builing hepoteting ferrou				%]	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One 0	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng ``	13. 7		29. 4	¹ 56. 9	51
Other Nursing Homes	30.0	Dressi ng	29. 4		21. 6	49. 0	51
Acute Care Hospitals	30.0	Transferri ng	39. 2		43. 1	17. 6	51
Psych. HospMR/DD Facilities	40.0	Toilet Use	31. 4		17. 6	51. 0	51
Rehabilitation Hospitals	0.0	Eating	52. 9		25. 5	21. 6	51
Other Locations	0.0	******************	*********	******	******	********	******
Total Number of Admissions	10	Conti nence			Special Trea		%
Percent Discharges To:		Indwelling Or Externa		0. 0		Respiratory Care	3. 9
Private Home/No Home Health	0.0	Occ/Freq. Incontinent		76 . 5	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	68 . 6		Suctioning	0. 0
Other Nursing Homes	6. 7	_			Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	13. 3	Mobility				Tube Feeding	0. 0
Psych. HospMR/DD Facilities	13. 3	Physically Restrained	l	7.8	Recei vi ng	Mechanically Altered Di	iets 37.3
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Ski n Care				ent Characteristics	
Deaths	66. 7	With Pressure Sores		2. 0		nce Directives	90. 2
Total Number of Discharges		With Rashes		17. 6	Medi cati ons		
(Including Deaths)	15				Recei vi ng	Psychoactive Drugs	80. 4
************	******	**********	**********	******	*********	**********	******

	Ownershi p:		Bed	Si ze:	Li ce	ensure:			
	This Govern		ernment	50-	- 99	Ski l	led	Al l	
	Facility	Peer	Group	Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85. 9	86. 7	0. 99	86. 6	0. 99	87. 0	0. 99	84. 5	1.02
Current Residents from In-County	52. 9	58 . 7	0. 90	69. 4	0. 76	69. 3	0. 76	77. 5	0.68
Admissions from In-County, Still Residing	50. 0	28. 8	1. 74	19. 5	2. 56	22. 3	2. 24	21. 5	2. 33
Admi ssi ons/Average Daily Census	18. 2	57. 6	0. 32	130. 0	0. 14	104. 1	0. 17	124. 3	0. 15
Discharges/Average Daily Census	27. 3	61.8	0. 44	129. 6	0. 21	105. 4	0. 26	126. 1	0. 22
Discharges To Private Residence/Average Daily Census	0. 0	17. 2	0.00	47. 7	0.00	37. 2	0.00	49. 9	0.00
Residents Receiving Skilled Care	98. 0	82. 5	1. 19	89. 9	1. 09	87. 6	1. 12	83. 3	1. 18
Residents Aged 65 and Older	92. 2	88. 2	1. 04	95. 4	0. 97	93. 4	0. 99	87. 7	1.05
Title 19 (Médicaid) Funded Residents	90. 2	80. 0	1. 13	68. 7	1. 31	70. 7	1. 28	69 . 0	1. 31
Private Pay Funded Residents	9. 8	16. 8	0. 58	22. 6	0. 43	22. 1	0. 44	22. 6	0. 43
Developmentally Disabled Residents	0. 0	0. 9	0.00	0. 7	0.00	0. 7	0.00	7. 6	0.00
Mentally III Résidents	100	48. 7	2.05	35. 9	2. 79	37. 4	2. 68	33. 3	3. 00
General Medical Service Residents	0.0	17. 6	0. 00	20. 1	0.00	21. 1	0.00	18. 4	0.00
Impaired ADL (Mean)	53. 7	43. 1	1. 25	47. 7	1. 13	47. 0	1. 14	49. 4	1.09
Psychological Problems	80. 4	59 . 3	1. 36	49. 3	1. 63	49. 6	1. 62	50. 1	1.61
Nursing Čare Required (Mean)	7. 6	7. 2	1.06	6. 6	1. 16	7. 0	1. 08	7. 2	1.06